



## Town of Dolores Business License Application/Renewal

License # \_\_\_\_\_

**\*NOTE\* An annual business inspection is required for the issuance of an annual business license for businesses located in the Town.**

### Reason for Submitting:

- |  |  |
|--|--|
| <input type="checkbox"/> New Business (Commercial)                                 | <input type="checkbox"/> New Business (Home Based) |
| <input type="checkbox"/> Business Name Change                                      | <input type="checkbox"/> Ownership Change          |
| <input type="checkbox"/> Location Change – Prior Location _____                    |  |
| <input type="checkbox"/> Existing Business- Year opened in Dolores, Colorado _____ |  |

### Type of Business:

- |                                  |                                    |  |                                      |
|----------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Service   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale   |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Marijuana | <input type="checkbox"/> STR           | <input type="checkbox"/> Other _____ |

<b>Company Name</b>	<b>DBA</b>
<b>Physical Location In Dolores, Colorado,</b>	<b>Number of Employees</b>
<b>Mailing Address</b>	<b>City, State, Zip</b>
<b>Business Phone</b>	<b>Business Fax</b>
<b>Email</b>	<b>Primary Contact</b>
<b>Date Business Started</b>	<b>Primary Contact No</b>
<b>Emergency Contact</b>	<b>Emergency Contact No</b>

### Type of Ownership:

Sole Proprietorship (Individual) – Verification of Lawful Presence is required per State and Federal law Unexpired Driver’s license or state issued ID, military ID, Tribal ID, or other proof of lawful presence as provided by CRS 24-76.5-103 and execute the affidavit made a part of this application.

- Partnership    Corporation    LLC    Other, please describe: \_\_\_\_\_

**Names & phone numbers of individuals, partners and/or corporate officers or managers of business for this application (attached additional page if necessary)**

Title	Name	Phone	Email

Federal ID/SSN: \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_

Describe in detail the nature of the business; include types of products and services to be provided:

\_\_\_\_\_

\_\_\_\_\_

**Please complete the following:**

1. Does the Dolores Land Use Code permit this type of business at this location?  
 Yes       No
  2. If yes, have you applied for a permit?     Yes       No
  3. Has there been, or will there be any remodeling or building alterations?  
 Yes       No
  4. If yes, have you applied for a building permit?     Yes       No
  5. Have you, or will you be installing a new sign?     Yes       No
  6. Have you applied for a sign permit?     Yes       No
  7. Does your business utilize any hazardous, toxic, or flammable materials?  
 Yes       No
5. Food Establishments must attach a current Colorado Retail Food Service License  
6. Attach a copy of your CO Sales Tax License and Lodger's Tax License if applicable.  
7. Please provide your Federal Employer Identification Number, or Business Tax ID Number for your business: \_\_\_\_\_

***I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief are true, correct, and complete.***

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by owner, partner, or officer)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return To: \_\_\_\_\_ Fee: \$25.00, Please make check payable to the

Town of Dolores  
P O Box 630  
Dolores CO. 81323

For Office Use Only:

- Has a Sign Permit or Building Permit already been issued:  Yes  No (if yes, attach copy of app)
- Has ZDP been issued:  Yes  No (attach copy of ZDP if applicable)

Approved (initial):  Admin  Law Enf.  Planning

Use and Occupancy per ICC \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

CO Retail Food Service License Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CO Sales Tax License Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CO Lodgers Tax License Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**LAWFUL PRESENCE AFFIDAVIT FOR APPLICANTS APPLYING AS A SOLE PROPRIETOR**

Pursuant to CRS 24-76.5-103 and USC 1621, all persons eighteen years of age or older shall provide proof that they are lawfully present in the United States prior to receipt of certain public benefits which include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State of local government.

I, \_\_\_\_\_, swear or affirm under penalty or perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen.
- I am not a United States citizen, but I am a Permanent Resident of the United States.
- I am not a United States citizen, but I am lawfully present in the United States pursuant to Federal Law.
- I am a foreign national not physically present in the United States.

**I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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*If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit, along with a copy of the one of the following forms of authorized identification:*

- 1. A valid (current) Colorado Driver's License or Colorado Identification card, or*
- 2. United States Military Card or Military dependent's identification card, or*
- 3. United States Coast Guard Merchant Mariner card, or*
- 4. Native American Tribal document.*

Notarized this \_\_\_\_\_ day of \_\_\_\_\_ in the State of \_\_\_\_\_  
County of \_\_\_\_\_, City of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature \_\_\_\_\_  
Commission Expires

Appeared in person Received By \_\_\_\_\_